

Professional Standards Manual for Virginia Sexual and Domestic Violence Programs

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Authors

Virginia Sexual and Domestic Violence Program Professional Standards Committee

Jennifer Bourne, *Director, Clinch Valley Community Action, Inc.*

Cathy Easter, *Executive Director, Safe Harbor*

Linda Ellis-Williams, *Director of Programs, YWCA of Central Virginia*

Debbie Evans, *Division Chief of the Sexual Assault Center & Domestic Violence Program, City of Alexandria Department of Community & Human Services*

Robin Gauthier, *Executive Director, Samaritan House*

Kandy Hayes, *Domestic Violence Program Director, Southside Center for Violence Prevention, Inc.*

Caroline Jones, *President/CEO, Doorways*

Mary Carter Lominack, *Executive Director, Shelter for Help in Emergency*

Candy Phillips, *Executive Director, First Step: A Response to Domestic Violence, Inc.*

Maria Simonetti, *Executive Director, The Collins Center & Child Advocacy Center*

Laura Beth Weaver, *Assistant Director, Women's Resource Center of the New River Valley*

Rebecca Weybright, *Executive Director, Sexual Assault Resource Agency Charlottesville*

Virginia Department of Criminal Justice Services

Courtney Meyer, *Professional Standards Coordinator*

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Teresa Christin, *Executive Director, Avalon*

Emily DeCarlo, *former Client Services Director, Quin Rivers-Project Hope*

Elvira De la Cruz, *former Chief Program Officer, James House*

Patricia Jones-Turner, *former DV/SV Coordinator, Chesterfield Domestic and Sexual Violence Resource Center*

Rebecca Lee, *Chief Program Officer, YWCA of Richmond*

Tamy Mann, *former Executive Director, Safehome Systems*

Regina Pack Eller, *Executive Director, Family Resource Center*

Kristen Pine, *Chief Program Officer, YWCA South Hampton Roads*

Yolanda Thompson, *former Co-Director, Fairfax County Office for Women and Domestic & Sexual Violence Services*

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OVERVIEW

Professional Standards Committee History

During the 2015 Regular Session of the Virginia General Assembly, [House Bill 2092 and Senate Bill 1094 were amended and passed](#) so that the Virginia Department of Criminal Justice Services (DCJS) would oversee the accreditation of local sexual and domestic violence agencies. This amendment included the creation of the **Advisory Committee** on Sexual and Domestic Violence Programs and the **Virginia Sexual and Domestic Violence Program Professional Standards Committee**. Prior to 2015, the accreditation process had been created and overseen by the Virginia Sexual and Domestic Violence Action Alliance (Action Alliance).

The purpose of the **Advisory Committee** is to provide communication between state agencies and local sexual and domestic violence agencies, evaluate the methods of awarding and monitoring grant funding, and make recommendations as needed to improve local services for survivors of sexual and domestic violence. The 15-member Advisory Committee includes state agencies who award grant funding to sexual and domestic violence agencies, the Attorney General of Virginia, a member of the Virginia Senate, a member of the Virginia House of Delegates, the Chair of the Virginia State Crime Commission, the Executive Director of the Virginia Sexual and Domestic Violence Action Alliance, a member of a victim/witness organization, and representatives from sexual and domestic violence agencies.

The purpose of the **Virginia Sexual and Domestic Violence Program Professional Standards Committee** is to establish voluntary accreditation standards and procedures by which local sexual and domestic violence programs can be systematically measured and evaluated with a peer-reviewed process. The committee is responsible for carrying out the duties assigned to it under [Chapter 1 of Title 9.1 of the Code of Virginia \(§9.1-116.3\)](#). The committee is comprised of six directors of local sexual and domestic violence programs appointed by the Advisory Committee and six directors of local sexual and domestic violence programs appointed by the Action Alliance, as well as one non-voting member appointed by DCJS and one non-voting member appointed by the Action Alliance. In addition, the committee receives assistance from the DCJS Professional Standards Coordinator. The Professional Standards Coordinator acts as staff support (e.g. meeting logistics; researching info; best practices; presentation), facilitates and implements the accreditation process (e.g. measures; technical assistance), and serves as a liaison.

Value Statement

The Virginia Sexual and Domestic Violence Program Professional Standards Committee commits to a respectful, thoughtful, and transparent process to establish best practice standards for Sexual and Domestic Violence programs. We are mindful that these standards are survivor-centered, inclusive, and empowering for both programs and those impacted by sexual and domestic violence.

Introduction

Welcome to the Professional Standards for Virginia's Sexual and Domestic Violence Agencies. This publication provides standards to help programs improve the quality and consistency of their response to survivors of sexual and domestic violence.

The Professional Standards Committee, made up of appointees from the Virginia Sexual and Domestic Violence Action Alliance and the Advisory Committee on Sexual and Domestic Violence, began meeting in March 2016. Development of these Standards has included the input of many directors from around the state. The committee gave careful consideration to the needs of survivors as these standards were being developed. Care was given to the varying challenges for programs throughout the Commonwealth of Virginia, recognizing that each locality is responding to their own community's needs. Consideration was also given to the variety of ways organizations are structured in the delivery of these services (e.g. government, non-profit, umbrella, stand alone, and dual sexual and domestic violence agencies), and in how they collaborate with community partners.

In addition to the Standards themselves, we have included a glossary and multiple resources. We encourage you to access these resources as you develop, deliver, and evolve best practices and trauma-informed care for the survivors and the communities you serve.

PROFESSIONAL STANDARDS

ADMINISTRATION

STANDARD #1: Sexual and Domestic Violence Agencies will ensure that crisis intervention, advocacy, and community engagement services are available and accessible to all people within the agency service area regardless of race, ethnicity, national origin, age, disability, religion, limited English proficiency, immigration status, sexual orientation, or gender identity or expression.

- Non-discrimination policy or sexual and domestic violence unit protocol and compliance for staff and client services includes race, ethnicity, national origin, age, disability, religion, limited English proficiency, immigration status, sexual orientation, or gender identity or expression.
- Regardless of income, no fees are charged for crisis intervention, advocacy, and community engagement services as outlined in these standards.
- Agency has inclusions noticeable inside their facility (e.g. signage, pictures, materials, social media, website, and marketing) and inclusive client paperwork.
- Ensure staff has received training on civil rights, diversity issues, and multicultural competency.
- A written policy, which affirms that staff, board/advisory committee, and volunteers, should reflect the diversity of the community that you serve.
- Written agency policy ensures that domestic and/or sexual violence services are offered without discrimination except if the agency defines its service populations as those of a specific client group. If the agency defines its service population within a specific client group, there must be a clear written rationale for selectivity.

STANDARD #2: Sexual and Domestic Violence Agencies will have trained advocates (staff and/or volunteer) to provide Crisis Intervention, Advocacy, and Community Engagement Services.

- Trained Crisis Advocates (any staff member, volunteer, or intern providing Crisis Intervention, Advocacy, or Community Engagement Services): Complete training within 3 months of joining the agency in provision of direct services as outlined in the Training Matrix.
 - Training modalities can include in-person instruction at agency, shadowing a trained advocate, self-directed training programs (e.g. online courses and webinars), local or county trainings, Virginia Sexual and Domestic Violence Action Alliance trainings, and/or state agency trainings.
 - No more than half of the Level I and II training can be completed through self-directed training programs.
- Staff (paid) Crisis Advocates will receive at least 20 hours of continuing sexual and domestic violence advocacy education each year and Volunteer Crisis Advocates will receive at least 10 hours of training annually.
 - Training modalities for completing the 20 hours (staff) and 10 hours (volunteers) of continuing sexual and domestic violence advocacy education include in-person instruction at agency, shadowing a trained advocate, self-directed training programs, local or county trainings, state and national conferences, Virginia Sexual and Domestic Violence Action Alliance trainings, and/or state agency trainings.
 - No more than half of continuing sexual and domestic violence advocacy education can be completed through self-directed training programs.
 - Training can include an overall review of topics in the training matrix and/or expanding on a topic from the training matrix such as offering Advanced Advocacy or Cultural Humility.

- Ensure agency training materials define sexual violence and domestic violence.
- Maintain training materials as they apply to community outreach.
- Agencies are allowed discretion in determining training content requirements for new staff and/or volunteers who possess content-expertise via prior education, training or experience. However, all new staff and volunteers must complete required agency, community and confidentiality training content.
 - Rationale for all exceptions to training requirements must be fully documented.
 - Exceptions to training requirements, while sometimes reasonable, should not be used widely by an agency (percentage of staff, etc.).

STANDARD #3: Sexual and Domestic Violence Agencies will adhere to sound management practices that demonstrate operational stability, including organizational principles and practices that reflect accountability and transparency.

- Supervisors receive ongoing training to support their management, supervision, and trauma stewardship responsibilities.
- Supervisors meet regularly with staff, either individually or as a group, to provide ongoing support and guidance.
- Demonstrates fiscal responsibility (auditing, internal controls, and procurement services).
- Maintains a plan that protects against the interruption of core services.
- Written personnel policies.
- Written job descriptions for all staff, intern, and volunteer positions.
- Written protocol for staff that includes instructions for responding to a medical emergency, a mental health emergency, and an emergency that threatens the safety of staff and/or the individuals being served by the staff.
- Private non-profit agencies must have a Board of Directors and adhere by the following:
 - Job description for board members
 - By-laws
 - Written process for the selection of board members, including those who reflect the diversity of the communities they serve
 - Completes a board orientation and training which includes information about sexual and domestic violence, agency mission, and board members' role and responsibilities
 - Written plan for board training

STANDARD #4: Sexual and Domestic Violence Agencies will adhere to policies and practices that ensure a high standard of professional conduct.

- Agency assures compliance with employer/employee state and federal regulations and contracts.
- Written policy/plan of a criminal background check for all staff, interns, and volunteers and a Child Protective Services background check for those who may engage with children.
- Written ethical behavior policy.

STANDARD #5: Sexual and Domestic Violence Agencies will document Crisis Intervention, Advocacy, and Community Engagement services only in databases that comply with VAWA confidentiality standards and protect personally identifying information.

- Data about services provided are entered into the system and reviewed regularly.
- Programs maintain a record retention policy.

STANDARD #6: Sexual and Domestic Violence Agencies preserve privacy and confidentiality, including the identity of and information provided by the person served or acquired from other sources before, during, and after the course of the professional relationship.

- Written operational procedures on record security, maintenance, and access by individuals other than the client. Description of safeguards against unauthorized access, fire, loss, or other hazard. Description of how long records are maintained.
- Agency has written policies/procedures regarding how the agency assures compliance with applicable legal requirements.
- Agency has an informed, written, and reasonably time-limited client release of information form.

STANDARD #7: Sexual and Domestic Violence Agencies respect and protect the civil and human rights of all those impacted by sexual and domestic violence.

- Agency demonstrates cultural humility of its sexual and/or domestic violence service delivery.
- Agency services are available and delivered regardless of the client's race, ethnicity, national origin, age, disability, religion, limited English proficiency, immigration status, sexual orientation, or gender identity or expression.

STANDARD #8: Sexual and Domestic Violence Agencies support voluntary services model and respect survivors' right to self-determination.

- Written protocols and practices that support survivors' right to self-determination.
- Written protocol that informs all clients of their rights.

CRISIS INTERVENTION

STANDARD #9: Sexual and Domestic Violence Agencies will be accessible 24/7 to the public and to first responders to provide crisis intervention services by trained advocates.

- Ensure 24/7 access and response to all survivors seeking assistance from advocates providing crisis intervention services, risk assessment, safety planning, information, and referrals.
- Maintain documentation of number of requests for crisis intervention services that the agency provided.

STANDARD #10: Sexual and Domestic Violence Agencies will ensure that survivors in their community have 24/7 access to accompaniment services when they access emergency medical or justice systems.

- Establish and maintain medical and criminal/civil justice system emergency response protocols.
- Maintain documentation of requests for accompaniment services and accompaniment services that the agency provided.

Standard #11: Sexual and Domestic Violence Agencies will provide, or assist to secure, emergency safe shelter to survivors of sexual and domestic violence who are in imminent danger.

- Establish and maintain protocols for addressing shelter requests including those that cannot be met and those that originate outside your service area. These protocols must include collaborative efforts across agencies to directly connect survivors in imminent danger to appropriate resources.
- Safeguard confidentiality and/or personally identifying information during the referral process.
- Maintain documentation of requests for emergency shelter services and emergency shelter services that the agency provided.

ADVOCACY

STANDARD #12: Sexual and Domestic Violence Agencies will provide a range of individualized advocacy services which foster survivor healing from the trauma of violence.

- Provide a range of individualized advocacy services which foster healing from the trauma of violence, to include: justice system advocacy, counseling, support groups, case management, referral resources, accompaniment services, and/or other holistic services.
- Maintain documentation of requests for advocacy services and advocacy services that the agency provided.

STANDARD #13: Sexual and Domestic Violence Agencies will coordinate services within the agency and the community to promote high quality integrated services and support to survivors.

- Develop and maintain signed agreements (e.g. memorandum of understanding, cooperative agreements, partnership agreements) as needed to provide and coordinate services to survivors. Examples include: Cross-training and/or co-location with agencies such as:
 - Victim Witness
 - Social Services to include Adult and Child Protective Services
 - Colleges and universities
 - Mental health
 - Law enforcement
 - Hospitals
 - Schools
 - Immigration services
 - Legal aid

STANDARD #14: Sexual and Domestic Violence Agencies will address diverse needs of the community served, providing specialized advocacy programs and population-specific interventions.

- Identify the diverse needs of the community.
- Demonstrate efforts to provide a range of specialized advocacy services to identified populations within the agency's service area that may include race, ethnicity, national origin, age, disability, religion, limited English proficiency, immigration status, sexual orientation, gender identity or expression, refugees, age and developmentally specific, and non-English speaking.

COMMUNITY ENGAGEMENT

STANDARD #15: Sexual and Domestic Violence Agencies will participate in community engagement efforts that promote agency services and effective community responses throughout the agency's service area.

- Agency distributes information about agency services and accessibility through multiple channels. Examples include:
 - Tabling at community events
 - Fliers/brochures
 - Speaking engagements at various events
 - Responding to requests for information
 - Social media or conventional print/radio/TV media
- Maintain documentation of number of community engagement activities that the agency provided.

Standard #16: Sexual and Domestic Violence Agencies will deliver effective prevention programming that supports the development of healthy relationships and healthy sexuality.

- Create a prevention plan, after assessing resources and community prevention readiness, that either:
 - Focuses on building capacity through prevention awareness education efforts; or
 - Focuses on designing and delivering primary prevention strategies consistent with Virginia's State Prevention Plan and Guidelines for Primary Prevention.
- Agency is collaboratively engaged with others doing similar work in the community.
- Maintain documentation of number of prevention programs that the agency provided.

STANDARD #17: Sexual and Domestic Violence Agencies will participate in community engagement initiatives to improve the experiences of survivors and advocate for systemic change.

- Demonstrate participation in and/or leadership in sexual and/or domestic violence focused community groups (Domestic Violence Council, Sexual Assault Response Teams, Inter-Agency Councils, or others).
- Provide training and education to allied professionals.
- Engage in initiatives and activities that raise awareness, advocate for survivor access to resources, and promote systemic change (e.g. National Night Out with local police, awareness month activities).
- Maintain documentation of number of community engagement initiatives that the agency provided.

TRAINING MATRIX

As the Professional Standards reference, these training requirements can be achieved through a variety of modalities and should happen in the first three months of employment. See Administration: Standard #2 for more information and guidance.

In the initial three months of training, the goal is for staff, volunteers, and interns to have a basic understanding and awareness of these concepts.

This Matrix is also intended to serve as a guide for ongoing training and professional development, with the expectation that over time specific roles will develop greater understanding in these areas.

LEVEL I: 8 Hours of Training for All Staff & Volunteers/Interns

Who is Level I	Training Topics
<p>Limited Client Contact Staff, Volunteers, and Interns</p> <p><i>Staff, Volunteers, or Interns who may have incidental contact with persons accessing services.</i></p> <p><i>Examples may include:</i></p> <ul style="list-style-type: none"> ▪ Administrative support ▪ Receptionists ▪ Grant writer ▪ Thrift Store Manager <p><i>Agency can determine if this includes persons providing donated services such as computer maintenance, painting, lawn care, etc.</i></p>	<p>Administration</p> <ul style="list-style-type: none"> • Mission, History, philosophy, and Structure of the Agency • Agency policies and procedures • Agency Code of Ethics/Rules of Conduct • Confidentiality • Personal safety and security of staff, volunteers/interns, clients, and visitors <p>Crisis Intervention & Advocacy</p> <ul style="list-style-type: none"> • Definitions and dynamics of sexual violence and domestic violence • Definitions and dynamics of stalking within the context of sexual and domestic violence • Emergency/Crisis Response to address immediate safety needs • Secondary trauma • Vicarious trauma • Role of the advocate/volunteer • Making appropriate community referrals, including specialized resources for underserved populations • Voluntary services <p>Community Engagement</p> <ul style="list-style-type: none"> • Cultural humility

LEVEL II: 40 Hours of Training for All Staff & Volunteers/Interns

Who is Level II	Training Topics
<p>All Staff, Volunteers, and Interns except Level I staff.</p> <p><i>Direct Service Staff, Volunteers, and Interns who are likely to have on-going contact with persons accessing services</i></p> <p><i>Examples may include:</i></p> <ul style="list-style-type: none"> ▪ Hotline Volunteers ▪ Court Advocacy ▪ Child Services ▪ Shelter Support ▪ Support Group Facilitators ▪ Companion Services ▪ Community Educators/Presenters ▪ Transportation Providers ▪ Childcare Providers ▪ Public Awareness 	<p>Level II training includes all topics outlined in Level I with expansions as necessary and the following:</p> <p>Administration</p> <ul style="list-style-type: none"> • History of the sexual and domestic violence movements • Record Keeping and Data collection (all staff and relevant volunteers) • Services, structure, and content information of Agency’s key partners (e.g. funders, the Action Alliance) • Acronyms/Jargon – Language of sexual and domestic violence work • 3rd Party Reporting/Blind Reporting • How to access/use an interpreter <p>Crisis Intervention & Advocacy</p> <ul style="list-style-type: none"> • Intersectionality of oppressions and the societal impact of violence • Theories/Modes of Service Provision <ul style="list-style-type: none"> • Individual and Systems Advocacy • Survivor-directed services • Adverse Childhood Experiences, CDC model • Trauma-informed, based on SAMSHA model • Crisis Intervention/Counseling Skills • Civil rights, diversity issues, and multicultural humility when working with people who have experienced sexual and/or domestic violence and <ul style="list-style-type: none"> • have mental health, cognitive, and/or physical disabilities, or • are a member of an underserved population (e.g. male victims, older adults, children, LGBTQIA, immigrants) • Trauma of Victimization – Post Traumatic Stress • Boundaries • Safety Planning – including the use/abuse of technology • Civil and Criminal Justice systems <ul style="list-style-type: none"> • Victims’ Rights • Protective Orders • Sexual violence laws, as related to adults and minors • Domestic Violence laws • Child abuse and neglect laws • Incapacitated and vulnerable adult abuse laws • Sexual Violence as it pertains to: <ul style="list-style-type: none"> • Child Sexual Abuse • Adult Survivors of Childhood Sexual Violence • Intimate Partner Sexual Violence • Sexual Harassment • Alcohol and Other Drug-Facilitated Sexual Violence

Who is Level II	Training Topics
	<ul style="list-style-type: none"> • Domestic Violence as it pertains to: <ul style="list-style-type: none"> • Fair Housing & Domestic Violence • Lethality/danger assessment • The impact of domestic violence on children • Medical Considerations <ul style="list-style-type: none"> • Physical Evidence Recovery Kit • Blind Reporting • Sexual Transmitted Infections (Post-exposure Prophylaxis) and Pregnancy related concerns • Reproductive Coercion • The Role of Sexual Assault Nurse Examiner/Forensic Nurse Examiner • Strangulation • Suicide Intervention • Human Trafficking • Addiction & Recovery <p><i>Community Engagement</i></p> <ul style="list-style-type: none"> • Agency expectation of community engagement: outreach, prevention, and facilitation skills • Coordinated Community Response/Sexual Assault Response Teams

Board of Directors Training

(Professional Standard/Administration Standard #3)

Training for the Board of Directors is content specific. The length of the training is at the discretion of the agency. Agencies will develop and implement training on the following topics for all Board members in their first year of service:

- Definitions and dynamics of Sexual and Domestic Violence
- Intersectionality of oppressions
- Agency mission, history, philosophy, and structure
- Agency policies and procedures (to include Code of Ethics and/or Rules of Conduct)
- Channeling requests for agency services
- Confidentiality
- General information about agency's key partners
- Responsibilities of Independent Non-Profit Board of Directors:
 - Personnel Policy Management
 - Fiduciary Responsibility
 - Strategic Planning
 - Conflict of Interest
 - Contingency Planning
 - Succession Planning
 - Fund Development (to include fundraising)
 - Executive Director (or CEO) evaluation

GLOSSARY

24/7/365: Refers to services provided around the clock and calendar—24 hours per day, 7 days a week, and 365 days per year, including holidays.

Accompaniment: A group of services that involves providing in-person support and advocacy to victims of sexual and/or domestic violence in the aftermath of violence, most often at hospitals as medical treatment is provided or forensic exams are conducted, or within the justice system when criminal charges are being considered or protective orders are pursued.

Advocacy: Speaking and acting for change or justice on behalf of oneself, another person, or cause. Advocacy can generally be categorized as: self-advocacy, individual advocacy, and systems advocacy. An Advocate is the person who takes up the cause and provides assistance in advocacy efforts.

Individual Advocacy: Speaking or acting on behalf of an individual to achieve changes in the practice of another individual or institution, which is necessary to protect legal or social rights or affect justice on behalf of the individual seeking help in affecting change or justice.

The purpose of individual advocacy is to identify what individuals perceive as necessary protective actions for their rights so they can be assisted in asserting them. The persons who experience the sexual and/or domestic violence make this determination. It is imperative that advocates safeguard these persons' rights to make these decisions. Some examples of individual advocacy are the following:

- Helping individuals explore options for increasing their safety;
- Brainstorming ideas with a tenant on how to approach an unreasonable landlord;
- Listening to individuals prioritize their needs and assisting them in identifying avenues to meet those needs;
- Discussing with individuals the benefits and limitations of legal remedies, exploring whether or not these remedies are appropriate for them, and identifying how to access these remedies.

Systems Advocacy: Influencing societal and political systems to bring about change for groups of people. A coalition or less frequently, an individual, will seek alterations in laws, the establishment of new shelter locations, or arrangements for barrier removal to needed services and legal protection.

Systems advocacy is critical to ending sexual and domestic violence. It means changing the policies and practices of institutions and influencing beliefs of the individuals who compose those institutions. These changes can be accomplished through many different strategies; requiring skills like that of individual advocacy. Planning and critical thinking are essential components of systems advocacy. The focus of systems advocacy is on the practices and policies of societal institutions rather than on the individuals seeking assistance from the system.

Systems change is accomplished through a combination of advocacy efforts. These efforts may include suggesting policy change, training people on the dynamics and impact of violence, building coalitions, organizing communities, improving media and public awareness, and pursuing strategic education efforts. Examples of systems advocacy include:

- The changes that have been made in police response and arrest policies related to domestic violence;
- The development of sexual harassment policies in the workplace;
- The creation of legislation criminalizing stalking;
- The development of community task forces to address sexual and domestic violence

Confidentiality: Protecting information that could compromise the health, safety, or self-determination of any survivor of violence being served by an organization. Agencies must at least comply with the federal Violence Against Women Act (VAWA) requirements for confidentiality of policy and practices (safeguarding personally identifying information). In addition, agencies should make every effort to protect the privacy of survivors, ensuring that individuals who experience violence retain control of when, where, and how their story is shared with others.

Counseling: A collaborative effort between a counselor and client. Counselors help individuals who have experienced trauma to identify avenues for healing. Therapeutic counseling may be offered by licensed professionals or an individual supervised by a licensed professional. Agencies also provides peer support/supportive counseling from advocates who may not be formally credentialed.

Crisis Intervention: Providing support, information, resources, and/or advocacy in the wake of an experience of sexual and/or domestic violence, or related traumatic event.

Cultural Humility: A life-long process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience, particularly the experiences of those who are marginalized or historically oppressed in society.

Diversity: The inclusion of individuals who are of different identities across all aspects of an organization. These identities include race, ethnicity, gender identity and expression, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other characteristics.

Domestic Violence: A pattern of abusive behaviors used by one individual to control or exert power over another individual in an intimate relationship.

- **pattern:** is the consistent use of a wide variety of abusive behaviors that often increase in frequency and intensity over time.
- **abusive behaviors:** include, but are not limited to, verbal assaults and threats, emotional abuse tactics such as, intimidation and isolation, physical and sexual assaults, weapon use, property destruction, and violence directed toward others significant to the victim.
- **controlling or exerting power over another:** ongoing behavior of abusers in relationships designed to maintain power over the partner(s).
- **intimate relationship:** a relationship between two individuals that currently (previously) provides (provided) emotional and/or physical intimacy.

Effective: Programs and services that lead to a beneficial and measurable outcome that meets the identified needs of survivors of violence and/or contributes to preventing violence.

Emergency shelter: Emergency housing (e.g. a Domestic Violence Program residential shelter, safe home, hotel, or other shelter) for sexual and/or domestic violence victims and their minor children (regardless of gender).

Evidence-based and Evidence-informed: Programs and services that are informed by current research and faithfully implemented based on that research are considered to be "evidence-based." Sound research on effective interventions and prevention strategies related to sexual violence and domestic violence is very limited. Therefore, agencies may also use an "evidence-informed" approach to develop practices and programs that combine the findings of the best available research with intuition, experience and available expertise.

Healthy Relationship: A respectful connection between people that increases well-being, is mutually enjoyable, and enhances or maintains each individual's positive self-concept.

Healthy Sexuality: The capacity to understand, enjoy, and control one's own sexual and reproductive behavior in a voluntary, consensual, and responsible manner that enriches individuals and their social lives.

Imminent Danger: A real physical danger that could occur within an immediate timeframe and result in death or serious bodily harm. Some considerations include:

- A recent incident including serious bodily harm, threat of severe bodily harm, or threat to life
- The imprisonment of an abuser who is due to be released
- A Protective Order has been filed and police cannot find the abuser

Intersection of Oppressions: To promote substantive social change and effective service delivery, advocates must recognize and address the intersections of other forms of oppression with sexual and domestic violence. These other forms of oppression include, but are not limited to racism, sexism, heterosexism, classism, ableism, and ageism.

There are many ways to understand how the link between sexual and domestic violence and other oppressions operates. These perspectives are not mutually exclusive:

- Layers of oppression make some people more vulnerable to sexual and domestic violence.
- Sexual and domestic violence are sometimes used as tools of other oppressions (e.g. homophobic man raping a woman because she is lesbian).
- Some forms of oppression contribute directly to perpetuating sexual and domestic violence (e.g. lack of economic justice and a living wage keeping a woman in an abusive relationship because she cannot support her children without abuser's income).
- Sexual and domestic violence are forms of oppression. People who have experienced sexual and domestic violence are disempowered, judged, and marginalized because of the violence they have experienced.
- People who have experienced sexual and domestic violence are also oppressed in other ways because of their race, class, sexuality, gender, etc. They may also face multiple intersecting barriers to equality and safety (e.g. if an African-American woman is raped by a white man, did sexism or racism or both contribute to her experience? What additional oppression might she face as she tries to recover or seek justice?).
- All forms of oppression, including sexual and domestic violence, are perpetuated by the belief that power must be power over, not power shared.

Marginalized: Being left out or devalued by a larger group that sets norms and holds power. Any person can feel marginalized in certain groups at certain times. Marginalization is different from being oppressed because it has the weight of societal, cultural, and institutional beliefs and practices behind it.

Prevention: Shifting attitudes, behaviors, and norms that support and perpetuate the root causes of sexual and/or domestic violence. Promoting healthy behaviors and communities where sexual and/or domestic violence are likely to occur through evidence-based or evidence-informed strategies. Primary prevention refers to strategies used to prevent trauma before it occurs and reduce overall likelihood that a person will be victimized. Secondary prevention involves intervening and responding to violence that has already occurred with the goal of stopping violence from occurring again. Tertiary prevention provides ongoing support and services to survivors of trauma to reduce the long-term effects.

Protective Factors: Experiences, beliefs and norms that have been observed to lessen the likelihood of violence perpetration or victimization. While they cannot ensure all elimination of risk, they do reduce the likelihood of perpetrating violence by promoting health and connectedness. These factors exist at the individual, relational, community and societal levels. Understanding these factors can help identify opportunities for prevention.

Risk Factors: Attributes, characteristics or exposures that increase the likelihood of perpetrating or experiencing sexual and/or domestic violence. These factors contribute to risk and may not be direct causes. Not everyone identified as “at risk” becomes a perpetrator or victim of violence. Risk Factors are found at the individual, relational, community and societal levels. Understanding these factors can help identify opportunities for prevention.

Self-Determination/Clients’ Rights to Self-Determination: Those seeking services from an agency retain the right and responsibility to make decisions in their own best interest and in the best interest of any dependent family members without the interference or undue influence of advocates, except in cases where there is an immediate risk of harm to self or others.

Sexual Violence: Sexual violence is non-consensual sexual conduct accomplished through threat, coercion, exploitation, deceit, force, physical or mental incapacitation, and/or power of authority.

- **Non-consensual:** without permission, agreement or approval
- **Threat:** a behavior, statement, or expression that communicates the intention of someone to cause physical, emotional, or psychological harm to another
- **Coercion:** compelling another to act through manipulation and/or taking advantage of circumstance, personality, and/or emotions (e.g. guilt, fear, pity, anger)
- **Exploitation:** the unjust treatment of a human being as a commodity or an object without consideration for their well-being and for another’s benefit
- **Deceit:** communicating a lie, an untrue statement, or creating a false circumstance.
- **Force:** to use one’s physical strength to make another person act against their will
- **Physical or Mental Incapacitation:** when one is not able to comprehend, process, communicate, and/or act on their own behalf due to a physical disability, a mental health disability, a cognitive disability, an injury, and/or the influence of a controlled substance such as alcohol, prescription medication, and illegal drugs
- **Power of authority:** manipulating and/or taking advantage of one’s perceived higher social and/or professional standing over another to influence their thought, opinion, or behavior

Survivor/Victim: A person who has experienced the trauma of sexual and/or domestic violence. Survivors of violence may also be individuals who have committed acts of harm at some point in their lives. When agencies make determinations about providing services developed specifically for survivors or perpetrators they must take into account the context of the experience that led the person to reach out for services.

Trauma: Trauma results from an event, a series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening. Trauma has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. In the context of this work, trauma most often is sexual and/or domestic violence or the exposure to that violence, although we recognize the intersectionality of traumatic experiences.

Trauma-Informed: An agency or advocate that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Underserved Populations: A population for which there is a disparity between the presence of that population in the agency service area and the presence of that population among the persons receiving the agency's services. Populations that may be underserved include foreign born persons; persons with limited English proficiency; persons with disabilities; persons who are gay, lesbian, bisexual, or transgender; persons of certain racial or ethnic backgrounds; older persons; men; and others.

RESOURCES

All resources that can assist your agency in meeting the professional standards are located online at the [Professional Standards webpage](#). The **Resources** tab has a drop-down menu of a plethora of tips, guides, samples, and more categorized by:

- [Boards](#)
- [Direct Services](#)
- [Evaluation](#)
- [Human Resources](#)
- [Policies and Procedures](#)
- [Prevention Education](#)
- [Training for Board, Staff, and/or Volunteers](#)
- [Underserved Populations](#)

If you need further assistance (e.g. additional samples) that cannot be found on any of the resource pages above, please contact the Professional Standards Coordinator for technical assistance. The coordinator is available to help sexual and domestic violence programs preparing for accreditation, and can provide assistance via e-mail, phone, fax, mail, and/or in-person.

Contact the DCJS Professional Standards Coordinator for assistance at sdvstandards@dcjs.virginia.gov